PTO/S8/06 (08-03)
Approved for use through 7/31/2006, OMB 0851-0032

Marie !			ATION	PEE DETEI te for Form PTC	o a collection of information un	edemark Officis; U.S. DEPARTMENT OF COMMERCE imagion unless it displays a valid OMB control number. Application of Docket Number			
CLAIMS AS FILED - PART I						SMALL ENTITY	OR CR		R THAN ENTITY
(Calumn 1) (Calumn 2)					SWOLLERINY	٦	-	EXIIII	
BASIC F	FOR	NUMBE	NUMBER FILED NUM			RATE FEE	1	RATE	FEE
(37 CFR	1.16(a))	رك (ك				DIGIC 1.30	OR	Ļ	\$
YOYAL (1) minus 20 e			ノ	198	OR	×	
INDEPE (37 CFR	NDENT CLAIMS 1.18(0))	6	minus 3	1.3		14D. 126	OR	x 1	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(4))						·· NO -	OR	+8•	
" If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL \$699	17G	TOTAL	
•	CLAI	MS AS AMI	ENDED -	- PART II					
(Calumn 1) (Calumn 2) (Calumn 3)					SMALL ENTITY	OR		ENTITY	
¥ 3	() DI()	CLAIMS REMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDITIONAL FEE		RATE	TIONAL FEE
ن د	Total * OFR 1.14(m)		Minus	" 42	\mathcal{Q}	x s o /	OR	x 4	
A S	dependent FOFR LHOU	3	Minus	<i> 6</i>	0	x 80	OR	X 80	
₹ ,,	RST PRESENTATION	ON OF MULTIPLE	CEPENDE	INTCLAIM (37 CF	R 1.18(d)	٠	OR	+3=	
2	22.0					TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE	
20	$\mathcal{D}\mathcal{D}$	Calumn 1)		(Column 2)	(Column 3)		_		
N 8	1	CLAIMS REMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID POB	PRESENT EXTRA	RATE ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total .	377	Minus	-22	•/	x /	7 (X S	7
	dependent 7 CFR 1,1800)	(3)	Minus	-70	•/	X1 .	OR	X S C	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1, 19(0))						/	OR	1. /	
						TOTAL ADDL FEE	OR .	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)						/		/	•
S V	Jane "	CLAIMS REMAINING AFTER MENDMENT		HIGHESY NUMBER PREVIOUSLY PAID, FOR	PRESENT EXTRA	RATE ADDITIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	25	Minus	-42	•	X 8	o _R	x 8	1
AMENDMENT	dependent 7 CFR 1.18(p.))	2	Minus	()		×	OR	x 8	
₹[_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR L18(d))					+8	OR	+ 80	
						YOTAL ACOL FEE	OR	TOTAL AODL PEE	
8	the "Highest Nurs the "Highest Nurs	nber Proviously ber Previously	Paid For	in column 2, with IN THIS SPACE IN THIS SPACE I	is less than 20, or is less than 3, or	enter "20".			

This collection of information is required by \$7 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to tile (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gerthering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the including carriering, preparing upon the including contracts on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND.TO: Commissioner for Patenta, P.O. Box 1456, Alexandria, VA 22313-1450.